

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

10/588431

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
	1		1		1		1		1		1		1
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓								
TOTAL DEP.			←		←								
TOTAL CLAIMS	19		←		←								